

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7157

BIRTH NO. 11-50 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 67

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Adair  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Adair |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville                                    |  |
| c. LENGTH OF STAY (in this place) Life  |  | d. STREET ADDRESS (If rural, give location) 1015 N. Don  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION K.C.O.S. Hospital                               |  |  |  |

|   |                        |   |  |          |  |
|---|------------------------|---|--|----------|--|
| 3. NAME OF DECEASED (Type or Print)   |                        |   | 4. DATE OF DEATH   |          |  |
| a. (First) Dale   | b. (Middle) Lee        | c. (Last) Christy   | (Month) Mch.   | (Day) 16 | (Year) 1950                            |
| 5. SEX Male   | 6. COLOR OR RACE White | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Jan. 20, 1950                                 |          | 9. AGE (In years last birthday) 1   26 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |                        | 10b. KIND OF BUSINESS OR INDUSTRY Infant                      | 11. BIRTHPLACE (State or foreign country) Kirksville, Missouri |          | 12. CITIZEN OF WHAT COUNTRY? U.S.A.    |

|                                  |   |                                  |
|----------------------------------|---|----------------------------------|
| 13a. FATHER'S NAME Boyde Christy | 13b. MOTHER'S MAIDEN NAME Jenetta Hogue | 14. NAME OF HUSBAND OR WIFE None |
|----------------------------------|---|----------------------------------|

|  |                              |  |         |
|--|------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Boyde Christy, Kirksville, Mo. | ADDRESS |
|--|------------------------------|--|---------|

|  |   |  |  |
|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br>7720 |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>General debility &amp; malnutrition</i>   |  |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 3-11-50, 1950, to March 16, 1950, that I last saw the deceased alive on March 16, 1950, and that death occurred at 3:45 AM., from the causes and on the date stated above.

|  |                                     |                                 |
|--|-------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <i>Wm. C. Kelly, D.O.</i> | 23b. ADDRESS <i>Kirksville, Mo.</i> | 23c. DATE SIGNED <i>3-17-50</i> |
|--|-------------------------------------|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>3/16/50</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Highland Park</i> | 24d. LOCATION (City, town, or county) (State) <i>Kirksville, Missouri</i> |
|---|--------------------------|---|---|

|   |   |   |                                |
|---|---|---|--------------------------------|
| DATE REC'D BY LOCAL REG. <i>3-17-50</i> | REGISTRAR'S SIGNATURE <i>Kate Lambert</i> | FUNERAL DIRECTOR'S SIGNATURE <i>Paul M. Riley</i> | ADDRESS <i>Kirksville, Mo.</i> |
|---|---|---|--------------------------------|

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD.

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MAR 28 1950

RECEIVED

District Health Officer No. 10

District File Number 3-37-53

Date Filed MAR 28 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Kirksville, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.